

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Cabrera et al.
Docket: 40062.0132USC1
Title: LOGICAL VOLUME MOUNT MANAGER

CERTIFICATE UNDER 37 CFR 1.10

'Express Mail' mailing label number: EL975284084US

Date of Deposit: November 10, 2003

I hereby certify that this paper or fee is being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

By: 
Name: Paula Egolf

22387 U.S. PTO
10/705635



Mail Stop PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

THIS IS A REQUEST FOR A CONTINUATION APPLICATION UNDER § 1.53(b)

This application claims the benefit of priority to and is a continuation of U.S. Patent Application Serial No. 09/096,772, filed June 12, 1998.

U.S. Application Serial No. 09/096,772 is assigned to Microsoft Corporation, One Microsoft Way, Redmond, WA 98052.

We are transmitting herewith the attached:

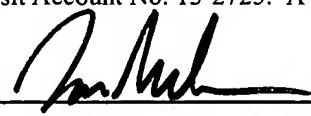
- ☒ Transmittal sheet, in duplicate, containing Certificate under 37 CFR 1.10.
- ☒ Utility Patent Application: Spec. 29 pgs; 1 claim; Abstract 1 pg.
The fee has been calculated as shown below in the 'Claims as Filed' table.
- ☒ 6 sheets of formal drawings
- ☒ A check in the amount of \$770.00 to cover the Filing Fee
- ☒ Copy of Combined Declaration and Power of Attorney in prior application S/N 09/096,772
- ☒ Copy of Power of Attorney in prior application S/N 09/096,772
- ☒ Copy of Associate Power of Attorney in prior application S/N 09/096,772
- ☒ Copy of Assignment of the invention to Microsoft Corporation in prior application S/N 09/096,772, Recordation Form Cover Sheet in prior application S/N 09/096,772 and Notice of Recordation of Assignment Document in prior application S/N 09/096,772
- ☒ Return postcard

CLAIMS AS FILED

Number of Claims Filed		In Excess of:		Number Extra		Rate		Fee
Basic Filing Fee								\$770.00
Total Claims								
1	-	20	=	0	x	18.00	=	\$0.00
Independent Claims								
1	-	3	=	0	x	86.00	=	\$0.00
MULTIPLE DEPENDENT CLAIM FEE								\$0.00
TOTAL FILING FEE								\$770.00

Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

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